

Complete all applicable blocks

Specifically, what financial assistance are you requesting?

A. MONTHLY HOUSEHOLD INCOME		CURRENT	PROJECTED
1.	Salary of Applicant - Gross		
2.	Military retired pay		
3.	VA Disability Income		
5.	Social Security Benefits		
6.	Spouse's earnings (Gross)		
7.	Child Support (Received)		
8.	Food Stamps/W.I.C.		
9.	Social Service income (i.e. AFDC)		
10.	Other VA Benefits		
11.	Interest/Dividends		
12.	Rental income		
13.	Other Household Income (Specify)		
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.	TOTAL (A)		

B. EXPENSES (Average Monthly Payments)		CURRENT	PROJECTED
25.	Alimony/Child/Family Support (paid)		
26.	Health Insurance		
27.	Charitable Contributions		
28.	Rent/Mortgage		
29.	Utilities		
30.	Telephone		
31.	Cable/Internet		
32.	Food and Household supplies		
33.	Clothing		
34.	Life Insurance/SGLI		
35.	House/Personal Property Insurance		
36.	Vehicle insurance		
37.	Vehicle gas/maintenance		
38.	Child Care		
39.	Savings		
40.	Recreation/Entertainment		
41.	VEAP or school expenses		
42.	Medical/Dental		
43.	Personal needs (Specify)		
44.			
45.			
46.			
47.	TOTAL (B)		

C. INDEBTEDNESS								
	Creditor Name	Purpose	Date Incurred	Original Amount	Balance Owed	Past Due Amount	Months to go	Monthly Payment
48.								
49.								
50.								
51.								
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
61.								
62.								
63.								
64.								
65.	TOTAL INDEBTEDNESS*						(C)	

ASSETS:

1. Vehicle (Yr. & Make)

2. Vehicle (Yr. & Make)

3. Real Estate Owned? If Yes, Value:

1. Date last pay received:
Amount \$:

2. My household has \$ cash on hand/ in the bank (Savings/Checking Account Balances).

3. Date next pay will be received:
Amount \$:

TOTAL INCOME:

TOTAL MONTHLY PAYMENTS (B+C):

SURPLUS or DEFICIT Amount: